

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application Of:)
K. Degen)
For: SPRING CLAMP WITH HOOK)
Serial No.: 10/792,008)
Filed: March 3, 2004)
Examiner: Ruth C. Rodriguez)
Art Unit: 3677)
Conf. No.: 4255)
Atty Dkt. No.: 113642-050)

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VIA FACSIMILE TO (571) 273-8300
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Alexandria, VA 22313-1450

Dear Sir:

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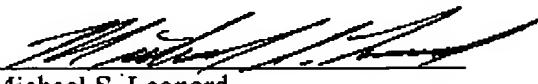
1. Amendment Transmittal (1 pg.);
2. Credit Card Payment Form PTO-2038 (1 pg.); and
3. Response to Office Action (7 pgs.).

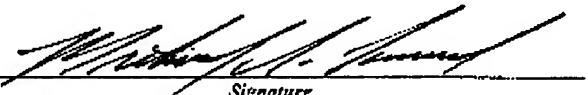
Respectfully submitted,

EVEREST INTELLECTUAL PROPERTY LAW GROUP

Date: September 28, 2006

BY


Michael S. Leonard
P.O. Box 708
Northbrook, IL 60065
Phone: (847) 272-3400

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 113642-050	
Applicant(s): Klemens Degen						
Application No. 10/792,008	Filing Date 03/03/2004	Examiner Ruth C. Rodriguez		Customer No. 43793	Group Art Unit 3677	Confirmation No. 4255
Invention: SPRING CLAMP WITH HOOK						
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COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	15	20	0	x \$50.00	\$0.00	
INDEP. CLAIMS	5	4	1	x \$200.00	\$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$200.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-3189 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 <i>Signature</i>						
Dated: September 28, 2006						
Michael S. Leonard, Reg. No. 37,557 Everest Intellectual Property Law Group P.O. Box 708 Northbrook, IL 60065 Phone: 847-272-3400 Fax: 847-272-3417						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____. <i>(Date)</i>						
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Michael S. Leonard

RESPONSE TO OFFICE ACTION

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Alexandria, VA 22313-1450

Sir:

This Response is submitted with in response to the final Office Action mailed August 15, 2006. Applicant requests amendment, reconsideration and allowance of the patent application.

Applicant thanks the Examiner for the telephone interview on September 26, 2006 and invites the Examiner to call Applicant's Representative to discuss any issues with this application.

Listing of Claims begins on page 2 of this Response.

Remarks begin on page 5 of this Response.

09/29/2006 MBINAS 00000001 10792008

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